

08/29/01  
3c944 U.S. PTO

8-31-01

EL 465782333

Please type a plus sign (+) inside this box → ☐

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	MI22-1672
First Inventor or Application Identifier	Kristy A. Campbell
Title	Method of Forming Non-Volatile Resistance Variable ...
Express Mail Label No.	EL 465782333

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

- ☒ \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
- ☒ Specification [Total Pages 40]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention Plus title page
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 4]
- Oath or Declaration [Total Pages 3]
  - ☒ Newly executed (original or copy)
  - ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

- ☐ Microfiche Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - ☐ Computer Readable Copy
  - ☐ Paper Copy (identical to computer copy)
  - ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- ☒ Assignment Papers (cover sheet & document(s))
- ☐ 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee)
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations]
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☐ Small Entity Statement(s) filed in prior application (PTO/SB/09-12)
- ☐ Status still proper and desired
- ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
- ☒ Other: Check; Power of Attorney by Assignee and Certificate by Assignee

\* NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

## 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label: 021567 or ☐ Correspondence address below  
(Insert Customer No. or Attach bar code label here)

Name	Mark S. Matkin				
	Wells, St. John, Roberts, Gregory & Matkin P.S.				
Address	601 West First Avenue, Suite 1300				
City	Spokane	State	WA	Zip Code	99201-3828
Country		Telephone	509-624-4276	Fax	509-838-3424

Name (Print/Type)	Mark S. Matkin	Registration No. (Attorney/Agent)	32,268
Signature	<i>Mark S. Matkin</i>	Date	8/29/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (12/99)

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**FEE TRANSMITTAL****for FY 2001**

Patent fees are subject to annual revision

Small Entity payments must be supported by a small entity statement;  
otherwise large entity fees must be paid See Forms PTO/SB/09-12  
See 37 CFR §§ 1.27 and 1.28**TOTAL AMOUNT OF PAYMENT (\$2,472.00)****Complete if Known**

Application Number	Unknown
Filing Date	Filed Herewith
First Named Inventor	Kristy A. Campbell
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	MI22-1672

**METHOD OF PAYMENT (check one)**1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	23-0925
Deposit Account Name	Wells, St. John, Roberts et al.

☒ Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.172. ☒ Payment Enclosed:☒ Check ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	710.00
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	

**SUBTOTAL (1) (\$ 710.00)****2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
89	20**	69	18
9	3**	6	80
			0

\*\*or number previously paid if greater. For Reissues, see below

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	78	202	39	Independent claims in excess of 3	
104	260	204	130	Multiple dependent claim, if not paid	
109	78	209	39	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

**SUBTOTAL (2) (\$ 1,722.00)****FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	0.00
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	0.00
139	130	139	130	Non-English specification	0.00
147	2,520	147	2,520	For filing a request for reexamination	0.00
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	0.00
115	110	215	55	Extension for reply within first month	0.00
116	380	216	190	Extension for reply within second month	0.00
117	870	217	435	Extension for reply within third month	0.00
118	1,360	218	680	Extension for reply within fourth month	0.00
128	1,650	228	825	Extension for reply within fifth month	0.00
119	330	219	165	Notice of Appeal	0.00
120	300	220	150	Filing a brief in support of an appeal	0.00
121	250	221	125	Request for oral hearing	0.00
138	1,510	138	1,510	Petition to institute a public use proceeding	0.00
140	110	240	55	Petition to revive - unavoidable	0.00
141	1,210	241	605	Petition to revive - unintentional	0.00
142	1,210	242	605	Utility issue fee (or reissue)	0.00
143	430	243	215	Design issue fee	0.00
144	530	244	265	Plant issue fee	0.00
122	130	222	65	Petitions to the Commissioner	0.00
123	50	223	25	Petitions related to provisional applications	0.00
126	240	226	120	Submission of Information Disclosure Stmt	0.00
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146	630	246	315	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149	630	249	315	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
				Other fee (specify):	0.00
				Other fee (specify):	0.00

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$ 40.00)****SUBMITTED BY**

Name (Print Type)	Mark S. Matkin	Registration No (Attorney/Agent)	32,268	Telephone	509-624-4276
Signature		Date	8/29/01		

**WARNING:**

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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